

ARAPAHO EDUCATIONAL TRUST SCHOLARSHIP

NORTHERN ARAPAHO TRIBE SKY PEOPLE HIGHER EDUCATION

The Arapaho Educational Trust Scholarship has been established to provide the Northern Arapaho People with scholarships and other educational aid. **The objective of the Arapaho Educational Trust is to further the education of the Northern Arapaho students pursuing a degree in Engineering, Law or the Sciences.**

Eligibility Requirements

- Applicants must be admitted and enrolled at a college or university as a full-time student (12 or more credit hours) and maintain a 2.00 grade point average (GPA) or Graduate School GPA requirements.
- Applicants must be one-fourth (1/4) Northern Arapaho descent (enrolled or non-enrolled) and must submit a Certificate of Indian Blood or Verification of Northern Arapaho Blood with no less than ¼ degree.
- Applicant must have a high school diploma or GED certificate.

Selection Criteria

- One scholarship will be awarded yearly to a student majoring in Engineering, Law or the Sciences.
- ***Selection will be based on***
 - Personal statement
 - Potential to contribute to the community upon graduation
 - Scholastic ability and achievement
 - Letters of Recommendation
- ***Amount of Award***

The Sky People Higher Education Board will competitively award one (1) scholarship for the academic year of \$1500 dependent on availability of funds. The amount per semester is \$750. This is a renewable award and must be applied for each academic year.
- ***Other Criteria***

The person selected for the award will apply for employment to the Northern Arapaho Tribe after graduation.

APPLICATION PROCEDURES

Application deadline is June 15th for the next academic year (fall, winter, spring).

Only complete applications will be considered for funding.

Application items required

1. Complete Arapaho Educational Trust scholarship application form.
2. Acceptance letter from the college or university
3. High school transcripts, GED certificate & scores, and college transcripts
4. Certificate of Indian Blood (CIB) or verification of Indian Blood
5. One letter of recommendation for someone who is not related to you. This can be a counselor, teacher, or former employer.
6. Personal Statement – One page that should include
 - Brief history of your background
 - Scholastic ability and achievements
 - Work or leadership experience
 - Participation in community related activities
 - Career goals
7. Semester transcript release form
8. Privacy Act Statement

Submitted complete application with the original signature of the applicant by the deadline date (June 15th) to:

**Sky People Higher Education Program
Northern Arapaho Tribe
P.O. Box 8480
Ethete, Wyoming 82520**

**ARAPAHO EDUCATIONAL TRUST SCHOLARSHIP
NORTHERN ARAPAHO TRIBE
SKY PEOPLE HIGHER EDUCATION**

Deadline: June 15th

Name _____
Last First MI/Maiden

DOB _____ Marital Status _____ Sex M F

Social Security _____ Enrollment Number _____

E-mail address _____ Telephone _____

Permanent Mailing Address _____

_____ City State Zip

Student's Mailing Address @ College _____

_____ City State Zip

Student's Telephone Number @ College _____

Relative Contact: _____
Name Phone Number

Present Academic Status: GED _____ High School Senior _____

Freshman _____ Sophomore _____ Junior _____ Senior _____

Graduate _____

High School/College Name	Dates Attended	Degree Earned	GPA

ARAPAHO EDUCATIONAL TRUST SCHOLARSHIP

Name _____

Career Goal or Major _____

Expected Enrollment Date: Academic Year 2_____ & 2_____

Fall_____ Winter_____ Spring_____ Summer_____

Name and Address of College or University: _____

List Other Scholarships that you have applied for or received this academic year and in past years.

ARAPAHO EDUCATIONAL TRUST SCHOLARSHIP

CERTIFICATION: I agree to attend the school named, to work toward the educational objective stated; to carry and complete at least 12 credit hours or the equivalent each term. If I withdraw from school before the school term is over, without the approval of the Northern Arapaho Business Council, I agree to repay to the Northern Arapaho Tribe, the entire amount of the scholarship award. Said amount becomes immediately due and payable to the Northern Arapaho Tribe on the date I withdraw from school. I authorize the Northern Arapaho Business Council or the Sky People Office to deduct part of all of my percapita, if any, in amounts the Council deems reasonable until the scholarship award has been repaid in full. I request that my scholarship funds be mailed to the Financial Aid Office in care of me.

Signature of Applicant _____ Date _____

**NORTHERN ARAPAHO TRIBE
SKY PEOPLE HIGHER EDUCATION PROGRAM
SEMESTER GRADE AND TRANSCRIPT RELEASE FORM**

NAME _____

SSN _____ DOB _____

I give my consent and request that a copy of my grades (semester or quarter) be released to authorized personnel for:

_____ Academic year (s) Semester/Quarter

Student Signature _____ Date _____

**Mail to:
Sky People Higher Education Programs
P.O. Box 8480
Ethete, Wyoming 82510**

ADDITIONAL INFO: Last Semester Attended _____

Last School Attended _____

Office Use Only: Date of Request _____